

Personal Information Form for Students

Student Name:

Date of Birth (MM/DD/YYYY):

Gender: ☐ Male ☐ Female ☐ Prefer not to say ☐ Other: _____

Address:

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Educational Background

Current School/College:

Major/Area of Study (if applicable): _____

Expected Graduation Date (MM/YYYY):

Previous School (if applicable):

Contact Information

Emergency Contact Name:

Relationship to Student:

Emergency Contact Phone Number:

Interests and Activities

Clubs or Organizations Involved In:

- _____

Hobbies/Interests:

- _____

Volunteer Experiences:

- _____

Additional Information

Allergies or Medical Conditions:

- _____

Special Accommodations Needed:

- _____

Other Notes:

- _____

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian (if student is under 18):

_____ **Date:** _____

Please fill out this form accurately and return it to the administration office by [insert return date]. If you have any questions or need assistance, please contact [insert contact information].